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Date: February 14, 2006

To: USPTO

Attention:

Fax: 571 273 8300

Your Ref.: 10/779,721

From: Mary B. Grant

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Our Ref.: CMED.10019

No. Pages: 6 (incl. this page)

Comments:


I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office facsimile number 571 273 8300 on this the 14th day of February 2006.

Documents enclosed:

Transmittal Letter (in duplicate)	2 pages
Information Disclosure Statement	2 pages
PTO/SB/08	1 page

Jennie Snead

(Typed Name of Person Signing Certificate)


(Signature of Person Signing Certificate)

Date of Signing: February 14, 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/779,721
	Filing Date	February 18, 2004
	First Named Inventor	Jerry JONN
	Art Unit	3783
	Examiner Name	Gary Jackson
	Attorney Docket Number	CMED.10019
Total Number of Pages in This Submission		5

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218. This paper is submitted in duplicate.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Hutchison Law Group PLLC		
Signature	<i>Mary B. Grant</i>		
Printed name	Mary B. Grant		
Date	2/14/06	Reg. No.	32,176

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Jennie P. Snead</i>		
Typed or printed name	Jennie P. Snead	Date	2/14/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number	10/779,721
Filing Date	February 18, 2004
First Named Inventor	Jerry JONN
Art Unit	3763
Examiner Name	Gary Jackson
Attorney Docket Number	CMED.10019

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hutchison Law Group PLLC		
Signature	<i>Mary B. Grant</i>		
Printed name	Mary B. Grant		
Date	2/14/06	Reg. No.	32,176

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Jennie P. Sneed</i>		
Typed or printed name	Jennie P. Sneed	Date	2/14/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Patent
Attorney Docket No. CMED,10019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jerry JONN et al.

Application No.: 10/779,721

Group Art Unit: 3763

Filing Date: February 18, 2004

Examiner: Gary Jackson

Title: Adhesive-Containing Wound Closure
Device and Method

Confirmation No.: 1723

**THIRD
INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98.

A copy of each of the documents cited and required by 37 C.F.R. § 1.98 is enclosed.

To assist the Examiner, the documents are listed on the attached form PTO/SB/08. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The cited documents are being submitted within three (3) months of the filing or entry of the national stage of this application or before the first Office Action on the merits, whichever is later. Since these documents are being filed within the time period set forth in 37 C.F.R. § 1.97(b), no fee or statement is required.

Application No.: 10/779,721

Attorney Docket No. CMED.10019
Page 2 of 2

The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218.

Respectfully submitted,

HUTCHISON LAW GROUP PLLC

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Jennie Sneed
(Typed Name of Person Signing Certificate)Jennie Sneed
(Signature of Person Signing Certificate)Date of Signing: 02/14/2006

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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)	Complete if Known	
	Application Number	10/779,721
	Filing Date	February 18, 2004
	First Named Inventor	JONN, Jerry
	Group Art Unit	3763
	Examiner Name	Gary Jackson
Sheet 1 of 1	Attorney Docket No: CMED.10019	

US PATENT DOCUMENTS				
Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	
	6 329 564	12/11/2001	Lebner	
	2005/0015036	01/20/2005	Lutri et al.	
FOREIGN PATENT DOCUMENTS				
Examiner Initials *	Foreign Document No	Publication Date	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Abstract, Translation, English Language Equivalent or Search Report

OTHER DOCUMENTS – NON PATENT LITERATURE DOCUMENTS		
Examiner Initials *	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Abstract, Translation, English Language Equivalent or Search Report

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not disclosure is in conformance with MPEP 800. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional) ? Applicant is to place a check mark here if English language Translation is attached